

National Business Plan for Health

*Ministry of Health of Antigua & Barbuda
2008-2010*



A Leader in the Attainment of Optimal Health
A Leader in the Attainment of Optimal Health

July 2007



Acknowledgement:

The Minister of Health the Hon John Maginley and the Permanent Secretary, Mrs Clara Emanuel acknowledges the invaluable contributions of all Key Stakeholders in the successful completion of the National Business plan for the Ministry of Health 2008 – 2010.





- The Pan American Health Organization (PAHO) who partnered with us through-out the process
- The Ministry of Finance for Guidance in the Business Planning Process.
- The Health workers who developed and facilitated systems and delivered care.
- The workers, who recorded, entered retrieved, analyzed and disseminated data to direct planning and policy.
- Representatives from the Ministry of Health, who worked diligently to produce, edit and complete this document.
- Clerks and Typists
- To all who in one way or another contributed to the production of this document a heartfelt Thank You!

Minister's Message
Permanent Secretary Message
Chief Medical Officer's Message

Executive Summary
List of figures
List of Tables
A list of abbreviations
Health Priorities

CHAPTER ONE: 9

DESCRIPTION OF THE HEALTH SECTOR 9

-  *Social and Political Environment*..... 9
-  *Financial and Economic Environment*..... 10
-  *Management and Organisation of the Public Health System* 12
-  *Partnerships* 19

CHAPTER TWO: 23

PERCEIVED OPPORTUNITIES AND THREATS 23

CHAPTER THREE: 24

STRATEGIC RESPONSE 24

CHAPTER FOUR: 32

INVESTMENT IN HEALTH 35

CHAPTER FIVE: 36

EXPECTED BENEFITS 36

CHAPTER SIX: 37

CRITICAL FACTORS FOR SUCCESS 37

APPENDIX: 38

MINISTER OF HEALTH'S MESSAGE



Hon. John Maginley

The government of Antigua and Barbuda is committed to providing health care for all persons in Antigua and Barbuda. We pledge to develop a healthier and more productive society by embarking on a program of preventative medicine and healthy lifestyle choices

We realize that there are many challenges to this goal. These include emerging and reemerging diseases, globalization and dwindling financial and human resources.

In Antigua and Barbuda we are fortunate to have dedicated health care workers and administrators in the Ministry of Health who are able to surmount these challenges through hard work and enthusiasm. We are also fortunate to have the support of NGO's, the private sector and other Ministries. We look forward to working with them in the future.

I sincerely thank all persons who were involved in the development of this Business Plan and pledge the government's support in its implementation.

Permanent Secretary's Message



The adage “if one fails to plan, one plans to fail”, is relevant, to any individual company or organization. But it is obvious that since the health of any nation depends to a large extent on its Ministry of Health, it is critical that the Ministry has a proper plan in place.

I am delighted to be associated with the formulation of a Health Plan for Antigua and Barbuda and wish to say” thank You” to all the technicians, heads of divisions and other staff members for their commitment and dedication to the task of completing this Business Plan.

I commend its proper usage to all and urge that we utilize the information to guide our budgetary request. As accounting officers we are all accountable to its productivity.

As Permanent Secretary for the Ministry of Health I have no doubt that we will find the information useful to guide policy and programming.

All the best in the implementation process!

CHIEF MEDICAL OFFICER'S MESSAGE



Congratulations to all members of the hard working team who worked tirelessly to produce this Business Plan for the Ministry of Health for the period 2008 – 2010.

You all must be commended for completing so much in such a short time. This reflects your dedication and commitment to your work here in the Ministry of Health in Antigua and Barbuda. I urge you to continue with this

momentum used in formulating the Plan as we advance to the implementation phase.

As Chief Medical Officer I look forward to working with you and guiding you through the activities and strategies we have outlined. I am certain that working together with the grace of God we can assist all persons in Antigua and Barbuda in attaining optimal health and wellbeing.

I am honored to have been part of this process and commend this Business Plan to the Government and people of Antigua and Barbuda

Executive Summary

The Vision of the Health Sector is to “be a leader in the attainment of optimal health”. In order to achieve this vision, optimal business planning is necessary. This embodies a sense of purpose and direction.

The goal of the Ministry of Health, which this business plan addresses, is “Quality of Life improved.” This can only be achieved through the development of an efficient, equitable, effective, and sustainable and quality oriented health care system, which seeks to enable the population to enjoy richer, healthier and more productive lives.

Antigua and Barbuda has accomplished a number of achievements in health. We boast over 98% immunization coverage against diseases covered by the Expanded Program in Immunization, a life expectancy rate of 76.1, an Infant Mortality rate of 22.0 per 1000 live births in 2004 and 16.0 in 2005, a Fertility rate of 61.6, 62.6, 58.6, and 55.1 per 1000 females aged 15-49 for the period 2002-2005. As a result of the introduction of anti retroviral therapy for persons living with HIV/AIDS we have seen an improved quality of life for people living with HIV/AIDS. The Mother to Child Transmission program documented 100% coverage of infected antenatal; this speaks well for the prevention of HIV/AIDS in the new born.

The Pharmaceutical Services over the years has improved with the decentralization of pharmaceutical services, providing on a continuum essential drugs to the population. The Central board of Health has maintained Dengue and Leptospirosis at endemic levels. Through continuous Food Handlers Training, Monitoring and Evaluation has also controlled food outbreaks. Present focus includes Public Sanitation, the Implementation of the International Health Regulations to monitor Port Health, Water Quality and Vector Control.

In spite of these achievements, Chronic Non- Communicable Diseases (hypertension, diabetes, cardio-vascular disease, obesity, cancers) and Communicable Diseases specifically HIV/AIDS, present a challenge to health care delivery. This has considerable socio-economic implications to individuals, families, communities and the Ministry, necessitating critical decision-making and adequate financial allocations in Health.

The Ministry has identified the following health priorities: Management and Organization of the Health Sector, Control of Communicable Diseases, Control of Non-Communicable Diseases, Family Health, Pharmaceutical Services, Environmental Health, Health Infrastructure, Nutrition, Health Care Financing and Health Information Systems.

The Business Plan was developed upon request of the Ministry of Finance. It is the mechanism for public sector planning and is mandatory and a legal requirement as per legislation created in 2006. This new Planning methodology was designed to help Ministries with the development and monitoring of their planned expenditure for both recurrent and capital projects. The Business plan was developed based on discussions with many persons in health and related sectors. It therefore reflects the hopes and aspirations of many, as Government seeks to move the Ministry from one stage of development to another. The Business plan consists of Six Chapters, namely:

- Description of the Health Sector
- Perceived Opportunities and Threats
- Strategic Response
- Investment in Health
- Expected Benefits
- Critical Factors

An appendix completes the document and includes: -

- References
- Perceived Opportunities and Threats
- Organizational Chart
- Work plans

Vision¹

A leader in the attainment of optimal health

Mission

To facilitate the promotion and provision of comprehensive and integrated health care, through policy formulation, regulation, networking and equitable access to cost effective services for the people of Antigua and Barbuda.

Values

Equity, commitment, effectiveness, efficiency and unity.

Goal

Quality of life improved

Health Priorities

Management and Organization of the Health Sector

Control of Communicable Diseases

Control of Non-Communicable Diseases

Family Health

Pharmaceutical Services

Environmental Health

Nutrition

Health Care Financing

Health Infrastructure

Health Information System

¹The vision, mission, values, goal and health priorities were proposed by the professionals of the Ministry of Health of Antigua and Barbuda, for the application in the elaboration of Business Plans". July 2007.

CHAPTER ONE

DESCRIPTION OF THE HEALTH SECTOR

Social and Political Environment

The nation of Antigua and Barbuda consists of three islands. Antigua occupies 64% of the land mass and accounts for approximately 98% of the population, followed by Barbuda (160 km²) and the uninhabited Redonda (100 km²). Antigua and Barbuda is located at the centre of the Eastern Caribbean Leeward Islands group. It gained independence from Britain in 1981, and at present is governed by an elected Parliament representing the majority and opposition parties.

Both Antigua and Barbuda have relatively flat topographies, supporting very low annual rainfall (approximately 40-42 inches) with droughts occurring every 3 to 7 years. With no rivers and very few streams, Antigua relies heavily on two desalination plants to supply roughly 70% of the water for the Island. Other sources of water include surface water (20%) from Pot Works, a dam on the east of the island. Underground wells account for 10% of the islands water supply and are located mainly in the southern part of Antigua.

Barbuda relies heavily on underground wells for its water supply, but the water in these wells is brackish. Most of the potable water is collected during the rainy season and stored in cisterns – a practice which facilitates mosquito breeding. The unreliable water supply also has negative effects on hygiene and has the potential to increase the incidence of water borne diseases.

There are 17 geopolitical constituencies, one of which is the island of Barbuda. The executive authority is vested in a Cabinet of Ministers, headed by a Prime Minister and comprising eighteen Ministers. Elections are held every five years and the last one was held in March 2004. The population for 2005 is estimated at 82,786 inhabitants, 38.7% of whom reside in urban areas. The average population density is 185.5 inhabitants per km². The Human Development Index (HDI) in 2004 was 0.808; placing Antigua and Barbuda 59th and as a high achiever out of 161 countries. It ranks 60th in terms of per capita GDP. Unemployment for 2004 was 7%; representing a downward turn from previous years. This area of the economy remains highly vulnerable to exogenous shocks (hurricanes, global threats of terrorism and continuing tightening of regulation practices of offshore activities).

Although at present there is no formal indicator related to the United Nation's Gender Empowerment Measure' (GEM), it is important to highlight that in 2006, 4% of the Ministers in Parliament and 17.6% of the upper house or senate were occupied by women in Antigua and Barbuda.

Antigua and Barbuda continues to attract many immigrants from the islands of Dominica, Dominican Republic, Saint Vincent and the Grenadines, Montserrat, Jamaica and Guyana, who are in search of employment. The population growth rate was 1.86% in 2002 and 2003, 2.01% and 4.53% in 2004 and 2005 respectively. The Pyramid depicts a concentration of a very youthful population.

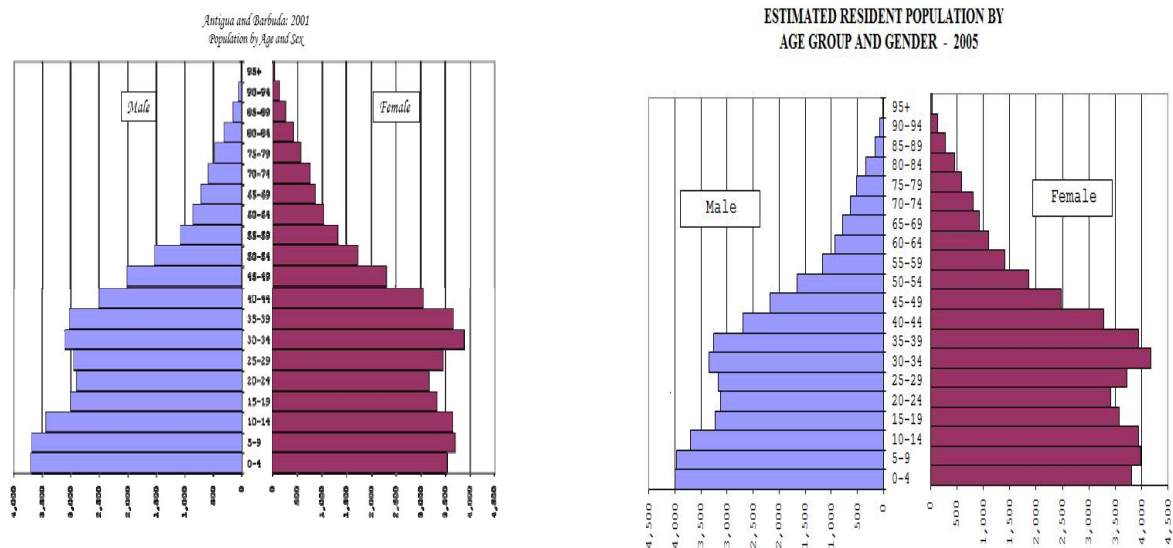


Figure 1: Population Pyramids 2001/2005 (Source: Antigua and Barbuda Summary 2001 Census of population and housing/Statistics division)

Financial and Economic Environment

Tourism continues to be critical for the economy of Antigua, accounting for over half of the GDP and an important contributor for local employment and export earnings. From the table below, the total number of visitors registered in 2006 peaked at an impressive 755,385, representing an increase of 38% from 2002². The remaining additional sources of income include revenues generated from the financial sectors offshore banking, trust and insurance, wholesale and retail trade, construction in hotels and housing, light manufacturing and government services. At present, the government continues to press on with the development of the tourist industry in key emerging areas as health and wellness tourism, the diversification of the economy through the expansion of the financial and information services among others. Tourism statistics depicts constant tourist arrivals over the period in retrospect.

² Annual Economic and Financial Review 2006. Eastern Caribbean Central Bank. 2006.

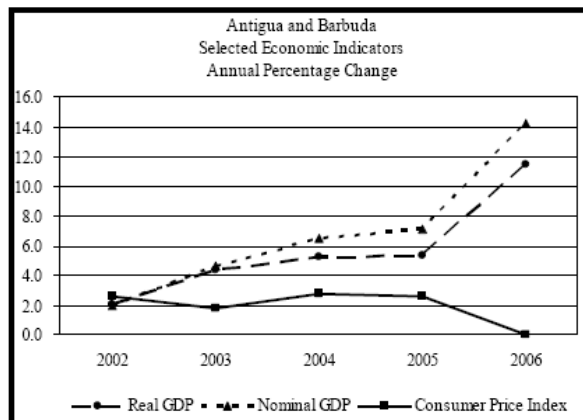
TABLE 1.

Antigua and Barbuda Selected Tourism Statistics

	2002	2003	2004	2005	2006
Total visitors arrivals	548,833	640,381	808,158	751,379	755,385
Of which Stay-over's Arrivals	218,399	239,185	267,627	267,106	273,414
Of which					
USA	60,679	64,523	70,440	68,637	72,909
Canada	10,184	8,592	9,441	9,898	10,005
UK	72,401	81,275	97,955	93,037	88,558
Caribbean	37,372	43,318	48,277	48,2424	53,472
Other Countries	2,465	3,801	2,287	8,870	9081
Yacht Passenger	18,193	17,362	17,778	17,422	21122
Cruise Ship Passengers	312,241	383,834	522,753	466,851	460,849
Number of Cruise Ship Calls	200	294	375	321	353
Total Visitor Expenditure (EC\$M)	739.2	809.5	910.8	915.5	937.4

Source: ECCB and Development Planning Unit

. The GDP for Antigua and Barbuda in constant prices for 2004 was (EC \$ m) 1,420.60 GDP at market price in (EC \$ M) 2,209.84 per capita for the same year. According to reports from the International Monetary Fund, Antigua's economy is now experiencing its third consecutive year of high growth as a result of the construction boom in hotels and housing, as well as projects related to the 2007 Cricket World Cup. Inflation rates have remained consistently low at single digits, largely due in part to the ongoing work and leadership of the Eastern Caribbean Central Bank (ECCB)³.



Source: Annual Economic and Financial Review 2006. ECCB.

Despite the good "health" and a positive outlook for these key macroeconomic indicators as depicted in the graph above, the government remains resolute in its commitment to the goal of stabilizing the fiscal and monetary conditions in the country, so as to further improve the quality of life for all citizens.

³ Public Information Notice (PIN) No. 07/7. 2007.

Management and Organisation of the Public Health System

The public health care system in Antigua and Barbuda is managed by the Ministry of Health (MoH). The Ministry is responsible for financing and regulation, policy guidance, human resource management and public health provision. According to a 1997 health policy document, Antigua and Barbuda's public health system is based on the principle of universality as health is recognized as a basic human right to which all citizens and residents are entitled and which the Government has an obligation to provide⁴. In general, the Caribbean Charter of Health Promotion and the Caribbean Corporation in Health II guide policy direction and action for health care. No national strategic direction has been documented and circulated as a guide for the operation and management of the health sector. However, most disciplines have plans and policies, which guide their area of responsibility.

A major effort at health legislative reform occurred in the mid 1950s. Such pieces of legislation as the Pharmacy Act (1995), the Hospital Boards Act (1999) and the Midwifery Act represent a renewed effort. However, there is an urgent need to heighten this process to allow policy and legislation to inform the ever-growing system, the activities of health providers and operations of health facilities.

Health Care Provision

Health Care Provision is organized according to the British Westminster model and is headed by a Minister who is a Member of the governing Cabinet. The administrative authority is delegated to the Permanent Secretary who in concert with other professionals, technical and administrative staff direct the Ministry. The Chief Medical Officer serves as an advisor to the Ministry and has responsibility for the coordination of the health service delivery in hospitals and clinics.

The health care services in Antigua and Barbuda are provided both by public and private institutions within a semi-decentralized system, including mainly management and health services. The provision of Primary Health Care services is adequate with services available within 3.2 km radius of every major community. The Community Nursing Services and the Central Board of Health represent two examples of decentralized structures.

⁴ Health Policy, Government of Antigua and Barbuda, Ministry of Health and Civil Services Affairs. 1997.

Human Resources:

In order to provide for the Health needs of the country, human resource is of paramount importance. Presently the Ministry of Health has a cadre of skilled personnel attached to various departments in specific numbers and skill mix. Table 2 below illustrates a breakdown of professionals by disciplines. There is however a need for a Human Resource plan, so as to further direct decision-making within the Ministry of Health. Attrition of staff, especially in the areas of Nursing, Laboratory, Radiology and Environmental Health, indicates a need for further progression planning, as greener pastures tend to attract our already scarce human resources.

Table 2.
Number of Health Professionals by Discipline

Human Resource	Total
Physicians	144
Nurses	277
Pharmacists*	15
Ophthalmologist	3
Environmental Health Officer's	21
Laboratory Technologists	8
Health Educators	3
Radiologists	3
Counsellors	5
Emergency Medical Technicians	6
<i>Nutritionists /Dieticians</i>	5
<i>Source: Ministry of Health. 2007 (*14 in Antigua and Barbuda)</i>	

NB* Physician per 1,000 inhabitants is 0.2

Hospital beds per 1,000 inhabitants is 2.5

General Health indicators:

The country has made note worthy achievements in Health Care Delivery. The Ministry of Health boast Immunization coverage of ninety-eight percent (98%) against the diseases covered by the expanded program in immunization.

Life expectancy at birth in 2006 for females was 78.47 yrs, males 73.62 yrs and both 76.14 yrs. The Crude Birth rate per 1000 population is averaged at 15.67 for years 2002 to 2004 and decreased to 14.71 in 2005. The Fertility rates were 61.6, 62.6, 58.6 and 55.1 births per 1000 females ages 15 to 49 for the period 2002 to 2005. The Illiteracy rate is 1.05% and the poverty assessment of 2005 estimates 1.04% of the population as indigent.

The infant mortality rate decreased from 22.0 per 1000 live births in 2004 to 16.0 in 2005. Statistics revealed a total of six hundred and eighteen (618) HIV positives and one hundred and seventy-two (172) deaths as a result of HIV/AIDS for the period 1985 to 2006. There were Zero (0) maternal deaths for the period 2001 - 2005 as well as zero (0) mother to child transmission of HIV/AIDS.

The five (5) leading causes of death in 2004 were malignant-neoplasm, heart disease, diabetes mellitus, cardio vascular disease, and hypertensive heart disease. In 2004 516 deaths were recorded, 269 males and 247 females.

Data from Holberton Hospital for 2006 revealed that a total of 34,534 visits were made to the accident and emergency department of that figure, 3,109 were admitted and less than one percent or 16 died. A total of all admissions to wards in the Hospital in the same year were 9,480 with 2.4% (214) deaths.

Antigua and Barbuda experienced many achievements as sited in the indicators. However chronic non-communicable diseases (Hypertension, Heart disease, Diabetes and Cancers) as well as HIV/AIDS continue to present a challenge to both families and decision makers.

Food and nutrition security exists when all people at all times have physical and economical access to sufficient, safe and nutritious and culturally accepted foods for healthy, active and economically productive lives. An assessment of nutrient availability at the national level suggests a trend of sufficient supply of daily per capita energy with an excess of protein and fat. However it does not suggest consumption patterns, which may serve as a proxy to food consumption patterns. In-fact, the public clinic data for 2004 stated that 67% of the adult population 20 years and over are either overweight or obese. This is an important nutrition indicator as it serves as a precursor or risk factor for chronic non-communicable diseases. The clinic data for 2004 also details a total of eight hundred and seventy (820) Diabetics and two thousand and eleven, (2011) Hypertensives. These figures do not represent persons attending private facilities.

Male health continues to pose itself a serious public health challenge. This is so, because the health seeking habits of males are vastly different from females. Fewer men visit health centres and are less likely to seek early health care for illness. Prostate cancer and chronic diseases are the main contributor to the male mortality and morbidity, followed by HIV/AIDS in the younger age groups 15-44yrs.

Environmental Health:

The Central Board of Health in the Ministry of Health in collaboration with other agencies is responsible for the Public Health Division.

This department monitors Port Health, Food Safety, Public Water Supply, Beach and Marine Water, Public and Private Sanitation including street cleaning and drain maintenance, also Refuse and solid waste storage and disposal.

Ongoing surveillance is another important function of this unit. This is achieved through environmental monitoring to avoid unintentional or illicit disposal of hazardous waste. There is also a strong Vector Control Unit. To date, no human cases of Leptospirosis have been recorded and Dengue cases over the last four (4) years were maintained at endemic levels. Reports revealed 4 cases in 2002 and 0 cases in 2003 to 2005..

This unit is presently focusing on training, water quality monitoring, onsite disposal systems and the implementation of the International Health Regulations (IHR).

Dental health:

The Dental Health program provides Health Care at the Primary Health Care Level. In 2006 a national Dental Health Survey was conducted. A total of 1,565 children were clinically examined, ages 6, 12, and 15. Over half or 50.6% was cavity free while 20.5% of the 12 year olds and 15 year olds and 27.1% had at least one-decayed tooth. Some of the contributing factors included personal hygiene and the use of cariogenic foods.

Health Infrastructure:

Health Infrastructural development will be of special focus as the government seeks to improve working conditions and the quality of life for its inhabitants. A number of health institutions will be refurbished among them will be the Psychiatric Hospital (Mental Hospital) and the Geriatric home (Fiennes institute). One new clinic is scheduled to be constructed.

The disabled population is of special interest as they face a multitude of barriers that limit their access to education, employment, housing, transport, health care, rehabilitation and recreation. In Antigua and Barbuda, it is estimated that 1% of the population or approximately 700 persons are disabled and many of them live below the poverty line. In March 2007, Antigua and Barbuda signed on to the Convention on the rights of Persons with Disabilities and is now in the process of ratifying the Convention. The Ministry also plans to establish a centre for persons with disabilities to enable all organizations serving this population to come together to share a space while maintaining distinct missions and programmes. The Centre would enable organizations to share resources and staff while maintaining their autonomy. The project is estimated to cost approximately two Million dollars.

The Health Information System

The Health Information System (HIS) is the collection of all the components that are necessary to ensure that Antigua and Barbuda's health data are collected, compiled, analyzed, presented, distributed and secured, using the best available administrative, technical and technological resources. Antigua and Barbuda's HIS is thus comprised of a vast number of stakeholders who all affect the thoroughness, completeness, accuracy, consistency, reliability, efficiency, efficacy, timeliness, confidentiality, authenticity, security and dependability of Antigua and Barbuda's health data/information. All stakeholders are critically involved in the HIS, the information produced from the HIS supports the decision-making process along policy lines and as such, determines steps for improvement.

Antigua and Barbuda's Health Information System is plagued with several concerns which include:

- The absence of a Health Information Policy Document governing the procedures for data flow/coverage from entry point to data dissemination
- The absence of Legislative support for data collection/processing/dissemination and for the protection and respect of confidentiality of data/information
- Negligible computerized linkages between health care providers
- Inadequate training of staff for competent operation in an information gathering environment
- Inefficient allocation/utilization of trained staff based on qualification and workload

- Limited observance of related international standards

The Ministry of Health has recognized this dilemma and has charged the Health Information Division with the responsibility of spearheading the comprehensive exercise of strengthening Antigua and Barbuda's Health Information System. Over a period of eight months, (December 2006 – August 2007) the Health Information Division held eight meetings involving designated key stakeholders of the HIS. A four-day seminar to guide the creation of a Health Information Policy Document and supporting legislation is now pending.

Therefore in Antigua and Barbuda, the intention is to accomplish the following:

- ✓ Development of an awareness (*within the Public, the Public Sector and the Private Sector*) of the importance of a strong HIS that would lead to an unreserved willingness to contribute
- ✓ Firm political support of all relevant aspects of the HIS
- ✓ Development of a Health Information Policy Document
- ✓ Passing of supportive legislation with planned evaluation/modification

Pharmaceuticals:

The Pharmaceuticals service has a National Drug Formulary prepared by the National Drug Formulary Committee, which is available, and it is mandatory that it be utilized at all public institutions. A total of 360 generic drugs are in the existing National Formulary. Of special interest is the prevailing, drug accessibility policy that guarantees that all persons suffering from chronic conditions such as cancer, hypertension, diabetes, sickle cell Disease, cardiovascular diseases, mental illness, Asthma, glaucoma and leprosy are entitled to required medication under the Medical Benefit Scheme (MBS), free of charge. The MBS is financed by a mandatory salary deduction of all employed persons. The contribution is matched by a similar percentage (3.5%) from their employers. All persons affected by the afore mentioned conditions, who contribute to the MBS, persons in age groups 0-16 yrs and those incapable of work by virtue of age are entitled to receive medication free of charge. In the coming year, centralized purchasing, storage and distribution of Medical Stores to include Pharmaceuticals will commence. This project of centralized purchasing of medical supplies is estimated to additionally cost approximately E C \$1.5 M. A total of EC \$2.3 M was estimated for drug and medical supplies. In total \$3.8 M will be budgeted for in 2008. The project will commence in the New Year. A plan will be developed to manage the upgrading process to include the infrastructural upgrades, purchasing of a vehicle for distribution purposes, employment of additional workers, Purchasing of computers and the overall functioning of the store room. By the end of the year (2008) the project will be fully institutionalised.

Delivery of Services:

The delivery of health care in Antigua and Barbuda is achieved through the following agencies:

- Holberton Hospital, an acute 140 care facility with an assortment of specialty services that include internal medicine, general surgery, orthopaedics, ENT, pathology, radiology, paediatrics and obstetrics and gynaecology.
- Mental Hospital, with an in-patient capacity of 120
- Fiennes Institute, a long term geriatric facility with a capacity of 54.
- Hannah Thomas Hospital, an 8 bed facility located on the island of Barbuda.

- A network of 7 community clinics classified as health centres (1 of these is physically located within the compound of the Hannah Thomas Hospital in Barbuda). There are 17 satellites. The services of the latter are centred on the principles of promotion of health and prevention of illness curative and some rehabilitation interventions.

The country is subdivided into six medical districts. A District Medical Officer is appointed to provide medical services to each district. A cadre of family nurse practitioners, public health nurses, clinic nurses and aides' community nutrition officers and public health inspectors supports medical officers⁵.

Primary Care



Community Clinic

The primary level of care includes 17 smaller satellite clinics at the community level, where emphasis is placed on promotion and protection of health. The assigned medical, technical and public health teams provides services that cover disease prevention, health education, rehabilitation and restoration, and health promotion. These in co-operate Maternal and Child Health, School Health, Mental health, Chronic Non-communicable, Communicable disease.

The principles of Primary Health Care (PHC), as endorsed by the government, are the key components to improving the health status and quality of life of its population. PHC is essential health care based on practical, scientifically sound and socially accepted methods and technology. This should be universally acceptable by individuals and families in the community and through their full participation at a cost that the community and country can afford to maintain at every stage of their development, in a spirit of self-reliance and self-determination.

The thrust of the government is the reduction of poverty as stated in the Millennium Development Goals (MDGs) that was established by the United Nations (UN) in 2000. The Health sector welcomes this emphasis, as there is an association between economic deprivation and ill health. This is evident in poor environmental conditions, nutrient deficiencies and excess energy intake, unemployment; poor care seeking tendencies and increased risky behaviours.

⁵ Health Services System Profile Antigua and Barbuda. 1999.

Secondary Care:



Holberton Hospital

All secondary health care in the Antigua and Barbuda is provided at private and public health care facilities. The government managed, Holberton Hospital is an acute care 140-bed health facility, providing comprehensive Care to the resident and transient population of Antigua and Barbuda. The Hospital boasts a diverse complement of Nursing, Medical and technical support staff and offers a wide range of services including Medicine, Surgery (laparoscopic and conventional), Pathology, Radiology, Chemotherapy, Haemo-Dialysis, Dietetics, Paediatrics, Obstetrics and Gynaecology, Maternal and Child Health, Central Medical Stores, Pharmaceutical and Rehabilitative care.

The institution provides a twenty four (24) hour service at all inpatient areas, Accident and Emergency, Pathology and Radiology Departments. The Emergency Medical Services (Ambulances) also provide a twenty four (24) hour island-wide coverage and receive helicopter support for medical evacuation from remote sites. Air ambulance transport is also available at the patients' expense for overseas referrals.

The Holberton Hospital provides outpatient clinic services that mirror those of the inpatient specialities. A major component of out patient services includes referral of clients from in-patients discharges, general practitioners and community clinics. Discharge summaries are also provided.

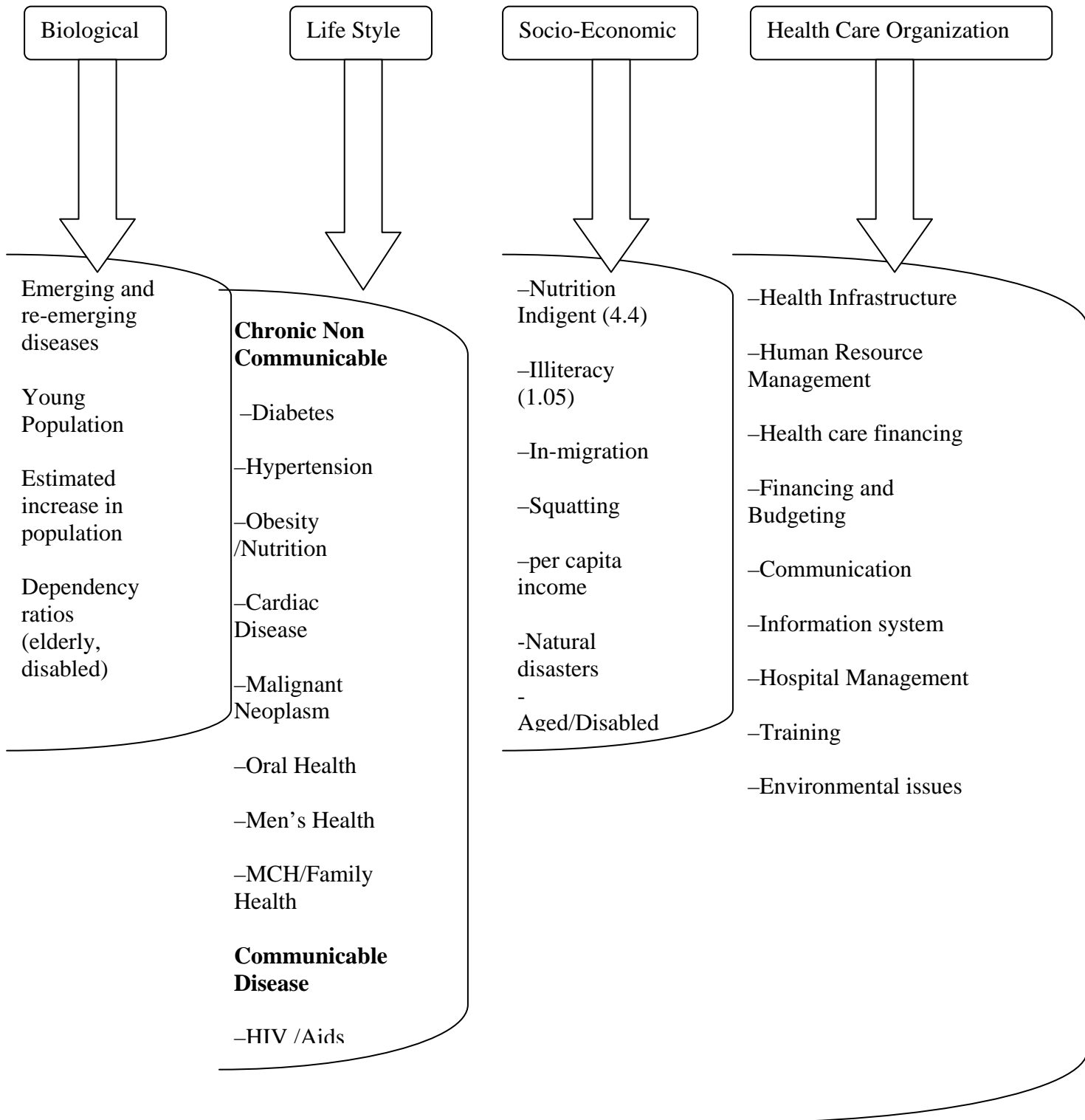
Private facilities include one 16 bed hospital and three group practice medical centres. Residents of Barbuda are served by the Hannah Thomas Hospital, an eight bed –facility.

Primary and secondary care services represent the largest share of health expenditure (50%). The focus of activities for the new health facility is centered on the decommissioning of Holberton Hospital and the commissioning of the new facility – Mount Saint Johns, Medical Centre. A total of \$54 M EC dollars is estimated for the entire process, with \$34 M for capitation, \$7 M for decommissioning and \$13 M for the commissioning. As with such major initiatives, decisions on appropriate management structures, sustainable financing and healthy hospital policies and systems should be considered as major activities of the hospital-commissioning programme.



Mount St. John's Medical Center

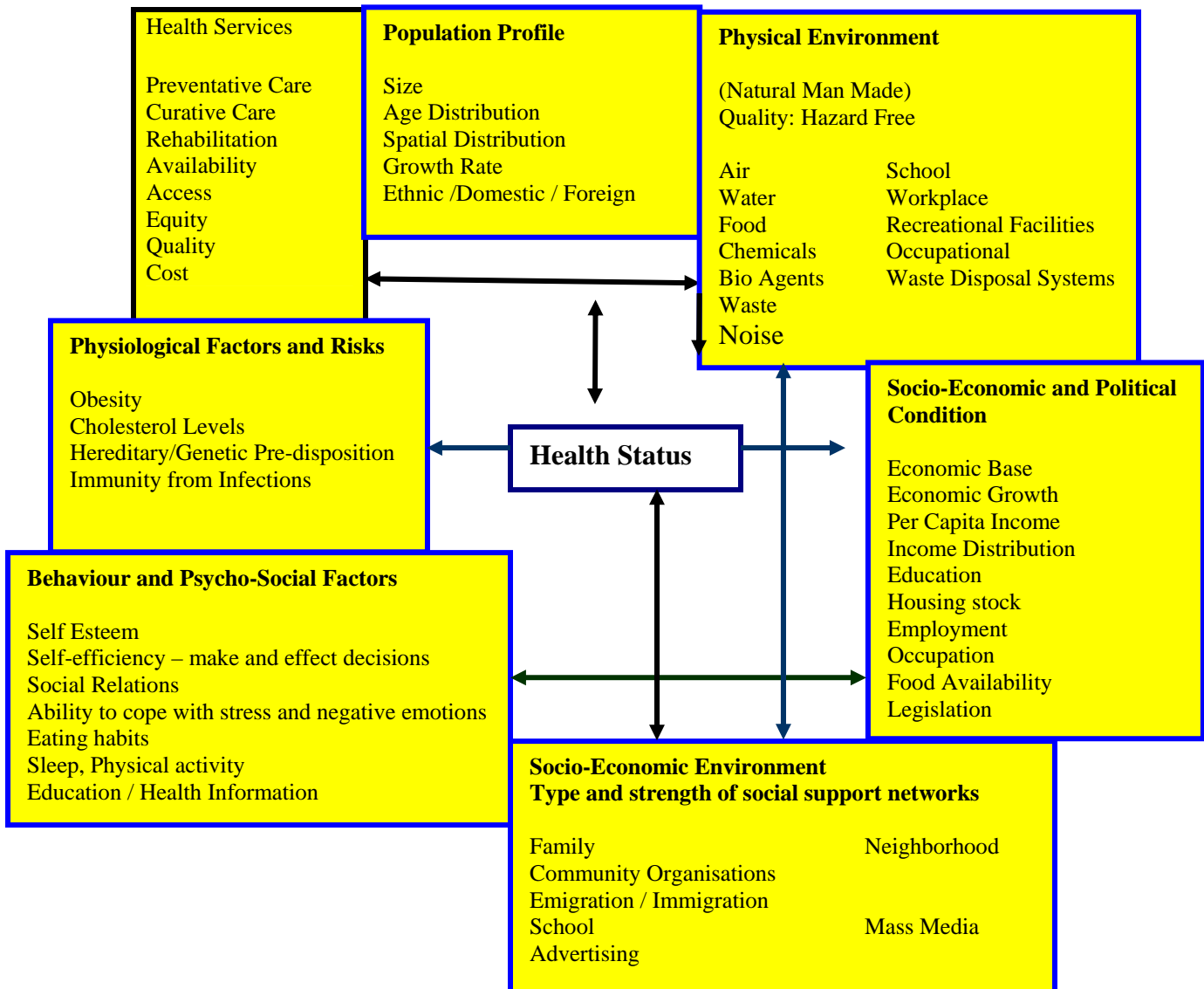
Summary of Situation Analysis



DETERMINANTS OF HEALTH

The factors that determine our health status are diverse and sometimes unapparent. There is a causal relationship between health status of populations, individuals, and varying social, economic, environmental, biological and psycho-social factors. Diseases have different determinants, and these determinants impact negatively or positively on the health status of the population.

Figure 1: A Multicausal Concept of Health



**Source: Office of Caribbean Program Coordination
PAHO

Partnerships

Collaboration is a major strategy for the health sector. Continued collaboration with a number of local, regional and international organizations has been a source of financial and technical assistance in aid of the development of the health sector. These organisations include:

Financial and Technical Cooperation:

- Regional and International
 - The Pan American Health Organization (PAHO), Office of Caribbean Program Coordination and Eastern Caribbean Countries,
 - The Caribbean Epidemiological Centre (CAREC),
 - Caribbean Food and Nutrition Institute (CFNI),
 - Caribbean Development Bank (CDB),
 - Caribbean Environmental Health Institute (CEHI)
 - The World Bank
 - United Nation (UNICEF)
 - UNAIDS
 - DFID
 - PANCAP
 - CICAD
 - CHRC
- LOCAL PARTNERS
 - NGO'S
 - CBO's
 - Faith Based Organizations
 - Media
 - Friends of Holberton

In 1998, the government initiated collaborative efforts with the government of Cuba for technical assistance in specialist areas. This cooperation continues today. More recently training in Medicine, in China, was offered to Antiguan Students.

CHAPTER TWO

PERCEIVED OPPORTUNITIES AND THREATS

This analysis enabled the participants to brainstorm and identify opportunities for growth and improvement and threats to improved performance. A common theme that recurred throughout this process was the need for a new and integral human resource policy to attract and retain additional qualified health personnel; stimulate and provide the means for ongoing training and continuing education programs and other non-economic benefits to strengthen the MoH's workforce pool. This particularly came to focus when time came to prepare the Ministry of Finance's new Business Plan and it was determined that there is no planning health unit and the majority of the MoH's professionals have limitations in cost and accounting areas.

A summary of the two areas is provided below.

Opportunities/Threats:

Most opportunities centered on the existing organizational structures and functions and the workforce pool of the MoH; there is competency and willingness to learn to deal with ever changing environments. Threats to MoH's viability included abrupt changes in management (political) focus and decreased headquarters visibility. There was also a general consensus that loss of the existing and future knowledge base, through whatever means, was a significant threat.

CHAPTER THREE

STRATEGIC RESPONSE

How will we improve our Health Response?

VISION AND MISSION STATEMENT:

Vision:

A leader in the attainment of optimal health

Mission:

To facilitate the promotion and provision of comprehensive and integrated health care, through policy formulation, regulation, networking and equitable access to cost effective services for the People of Antigua and Barbuda.

Values

Equity, commitment, effectiveness,
Efficiency and Unity.

Conceptual Framework:

The main factors that were considered in the development of the health priorities and programs are:

- Local Health Conditions
- Structural And Cultural factors
- Exogenous factors or events and values outside the country that can impact on Health
 - Marco –Economic policy of government
 - Health Sector Reform e.g. legislation & acts
- Strengthening of Health Care e.g. Clinic construction and maintenance
 - Upgrading of Secondary Care

The National Health Priorities and Main Objectives

Goal

Quality of Life Improved

HEALTH PRIORITIES

- Management and Organization of the Health Sector
 - Environmental Health
 -
 - Control of Communicable Diseases
 - Control of Non-Communicable Diseases
 - Family Health
 - Pharmaceutical Services
 -
- Health Care Financing/Hospital Management

Nutrition

Health Information System

Health Infrastructure

1. Management and Organisation of the Health Sector and Health Care Financing

Mission Statement: Efficient and effective management system governed by a strategic framework of Management and Organization for Health.

Expected Result: The Management and organization of the health sector strengthened to support the stewardship role of the Ministry of Health through the development of :-

- Policy, procedures and protocols
- Software
- Training
- Monitoring and evaluation
- Dissemination of information
- Planning Unit

➤ Maintain and improve health infrastructure

- Clinic refurbishment
- Hospital commissioning and decommissioning
- Upgrade demonstration kitchen and health facilities

Sub-Priority	Expected Result	Programme
Institutional Structure	Health Institutional structures strengthened.	Health Institutional Strengthening programme
Communications	Public exhibit behaviors that is congruent with healthy lifestyle practices. Improve functioning of the HEU through organizational reform	Health Education
Health Infrastructure and Facility Management	National health policy formulated / updated	Health infrastructure and facility programs
Quality Assurance	Quality assurance plan institutionalized for all sectors in health.	Quality assurance programs
Human Resource Management and Development	Human Resource planning, management and development functions in the Ministry of Health improved. Human resource data base established and linked to the regional network. Strengthening the HR department.	Human Resource management and development programme
Financial Management	Efficient and effective utilization of financial resources for health	Financial management
Development of national health information system	Timely and accurate health information utilized to direct policy and planning for evidenced-based decision-making available	Strengthening of Health Information System
General Medical	Coverage of community catchment population increased and quality of services improved.	General Medical Programme

2. Environmental Health

Mission Statement: To improve, preserve, strengthen and protect the health, environment and well-being of the people of Antigua and Barbuda

Expected Result: Support for the implementation of programmes, policies and norms to strengthen environmental health services provided

Sub-Priority	Expected Result	Programme
Food Safety	Food safety programme strengthened	Food Safety programme
Water Quality	Water Quality monitoring programme developed and operational	Water Quality Programme
Street and Drain Sanitation and National Beautification	Street and drain sanitation and national beatification improved.	Street and Drain Sanitation and National Beautification Programme
Vector Control	Vector control programme in communities enhanced and strengthened	Vector Control Programme
Port Health	Strengthened system of Port health surveillance and inspection. Monitoring and evaluation programmes developed and implemented to access IHR compliance.	Port Health Surveillance Programme

3. Control of Communicable Diseases

Mission Statement: To promote the prevention and management of communicable diseases through the development of appropriate programs and collaborative mechanisms.

Expected Result: Incidence and complications of communicable diseases reduced by year 2010.

Sub – Priority	Expected Results	Programme
Control of Child- Hood diseases	Immunization coverage among children and adolescents maintained at 100%	Maternal and Child Health Programme
Adolescent health	School health programs strengthened	Child and Adolescent Health programme Integrated Family and Reproductive Health programme
HIV/AIDS and STIs	Incidence of HIV/STI reduced and quality of life for PLWHAs improved. Improved Surveillance EPI Unit collect and Collate, analyzed and disseminate HIV/Aids and STI data	National AIDS Programme HFLED Health Information Division

4. Control of Non- Communicable Diseases

Mission Statement: To promote and improve the prevention and management of CNCD through the implementation of strategic programming.

Expected Result: Mortality, morbidity and complication of non-communicable diseases reduced by 2010.

Sub-Priorities	Expected Results	Programmes
Diabetes	Risk factor screening implemented Healthy life styles programs strengthened in various settings	Integrated non-communicable disease management programme
Diseases of the Circulatory System	Clients access train personnel	School of Nursing
Hypertension	Positive health outcomes achieved through the integration of NCD's programs, surveillance and training.	Disease surveillance programme
Cancer	Early detection strategies for cervical, Breast and prostate cancer increased. Client access to trained health care professionals increased.	Cancer prevention and control programme
Mental Health and Wellness	Mental Health Legislations enacted Mental Hospital refurbished Psychiatric Nursing, CPR and First Aide update	Mental Health and Wellness.

5. Family Health

Mission Statement: Families empowered to participate and practice healthy living through a re-oriented healthy life style approach.

Expected Results: The quality of family and reproductive health services improved by 2010

Sub –Priority	Expected Results	Programmes
Maternal and Child Health	Immunization coverage among children and adolescents maintained at 100%	Integrated Family and reproductive Health programme
Adolescent Health	Adolescent health care programme strengthened and integrated into primary care	Adolescent health care programme
Oral Health	Access of school aged children to dental care services increased.	Oral Health Programme
Nutrition	Access to nutritional counseling and support for the management of NCD and integrated child and adolescent health programmes increased Public practice healthy lifestyles	-school nutrition program -Hospital Dietetic Programme -Public education program -Integrated NCD Management Programme -Integrated child and adolescent health care management programme
Health Education	Public informed and participate in the prevention and promotion of their health and well being.	Health and Family Life education Programme
Elderly Care	Delivery of holistic care to the clients at the Fiennes Institute improved The Elderly participate in social events .	Nursing Care and Support Programme Social Interaction Programme Infrastructural Improvement Programme General Administration Programme Human Resource Development Programme
Social Services	Community utilize available social services	Social service programmes
Disability	Funds allocated to construct a center for the Disabled. Disabled access health care congruent with their specific health needs.	Special needs programme

6. Pharmaceutical Services

Mission Statement: To Facilitate adequate provisions of quality pharmaceutical supplies to meet the needs of the public

Expected Result: Efficiency and effectiveness of drug and pharmaceutical management and client satisfaction improved.

Sub-Priority	Expected Results	Programmes
Procurement	1. Accuracy of projection and inspection of pharmaceutical and medical supplies needs improved 2. Rational drug use at all health institutions improved	Drug and Pharmaceutical Procurement Programme
Storage	Central Purchasing, storage and distribution of Drugs and medical supplies upgraded, improved and institutional arrangements implemented and monitored.	
Distribution	Efficiency of drug distribution from Central Medical Stores to pharmacies and clinics improved	
Dispensing/Counselling and Compounding	Dispensing/Counselling and Compounding and communication skills of pharmacy staff improved	
Medicines information System	Medicine information system developed	
Drug inspection and importation of pharmaceutical products	Drug Inspection Department created and functional	

7. Hospital Management

Mission Statement: To provide a high quality of hospital services that's available, equitable, accessible and sustainable.

Expected Result: Hospital management and patient satisfaction improved

Sub - Priority	Expected Result	Programmes
Commissioning and decommissioning of hospital.	Improved hospital services including self sufficiency.	Hospital management
Policies and procedure manuals	Manual and policies utilized to guide operation	
Quality assurance	JCI standard implemented	
Training	Quality health care provided	
Monitoring and evaluation	Audit reports utilized for decision making and hospital accreditation	

Marketing service)	(customer	High hospital utilization by secondary care patients	
-----------------------	-----------	---------------------------------------------------------	--

8. Nutrition

Mission Statement: To promote and support healthy lifestyle behaviour for optimum nutritional health

Expected Result: Reduction in incidence and prevalence of nutrition related diseases and improved quality life.

Sub – Priority	Expected Result	Programmes
Integrated Management of NCDS	Reduction in the incidence and prevalence of NCD'S and their complications	NCDS
Integrated Child Care Management	MCH/ Family Health Strengthened	MCH/ Family Health
Adolescent Health	Full integration of nutrition program into school health program.	School Health and Wellness Programme
Hospital Dietetic Services	Patients received nutritional counseling and in patients receive meals congruent with their specified conditions	Hospital Dietetic Services

9. The Health Information System

Mission Statement: To furnish all clients with timely and reliable health information

Expected Result: Evidence based Decision Making

Sub – Priority	Expected Result	Programmes
Development of a Health Information Policy Document	Procedure manuals utilized to govern the processes of data movement / manipulation	Strengthening of the Health Information System
Appropriate lobbying of policy directors	Strong support of political directorate	Strengthening of the Health Information System
Enactment of Health Information legislation	Uninterrupted data collection Protection of data/Officer	Strengthening of the Health Information System
Systems analysis (Assessment & Design) of internal and external operations/links of/among public sector providers of health care	Efficient and effective technological systems and support augmenting overall performance of the HIS	Strengthening of the Health Information System
Implementation of Public Awareness strategy	A receptive and favourably responsive public	Communication strategy of HID, MOH-PRO-UNIT & Health Education Unit
Monitoring and Evaluation	Continuous improvement of Antigua and Barbuda's HIS	Strengthening of the Health Information System

10. Health Infrastructure

Mission Statement: To improve health care delivery through the refurbishment and building of health care facilities

Expected Result: Identified Health Care facilities built /refurbished

Sub – Priority	Expected Result	Programmes
Health Infrastructure	Specified Health Care Facilities Refurbished and Built Center for the disabled constructed.	Improving Health Care delivery.

Strategies and Initiatives

The government of Antigua and Barbuda is committed to improving the health and wellness of the people through the implementation of the primary health care model. They have acknowledged the social and economic benefits that can be derived through the use of this developmental approach.

The social and economic environment of Antigua and Barbuda poses many challenges to improvements in health and wellness. Although the main priorities and expected results have been clearly outlined much of the success in the attainment of the objectives will involve implementing appropriate structures and strengthening the environment within which health care is monitored, analyzed, planned and delivered. In response, the Ministry of Health, Antigua and Barbuda will implement this strategic direction using the following strategies.

Institutional Strengthening

In order for the Ministry of Health to effectively perform its stewardship role there is need to critically evaluate the existing institutional arrangements against the desired health outcomes and opportunities and threats presented by the health environment. This is necessary to meet national goals and targets but also to ensure that Antigua and Barbuda has systems in place to respond to the regional and international health standards and challenges. The results of the Essential Public Health Functions (EPHF) outlined some of the strengths and weaknesses of the Antigua and Barbuda Health Care System. The eleven health functions outline fundamental processes and systems that must be in place to enhance public health leadership involving the stewardship role of the Ministry of Health. The outstanding matters under this unfinished initiative will be completed with specific focus on the following:

- Conduct an institutional review and establish sound recommendations for design and restructuring the Health Sector
- Conduct Policy review and formulate appropriate policies for health sector management, monitoring, financing and service delivery
- Implement Legislative reform
- Establish a Quality Assurance System networked with all levels of care and health providers
- Implement a National Health Information System for management , clinical and health promotion functions of the health sector

- Develop a human resource development and training Plan
- Review of Health Financing Strategy to ensure equity at all levels of the health system

Implement the Model of Primary Health Care-Based Systems

The Health System of Antigua and Barbuda like many of the other Caribbean Islands have implemented the primary health care model. However, work is required to ensure that this model is strengthened and maintained. The Ministry of Health will be working closely with the Pan American Health Organisation to evaluate the health system to determine the gaps and to design an effective strategy to implement this model in phases. During the next three years the following strategies will be undertaken

- Health sector situational and response analysis
- Integration of health and wellness initiatives in all institutional business plans and service delivery operational plans.
- Greater involvement of the community in health decision-making at the regional level
- Strengthening of regional team approaches
- Implementing comprehensive integrated disease management approaches
- Greater focus on vulnerable groups- elderly, disabled and adolescents

CHAPTER FOUR

INVESTMENT IN HEALTH

The public health care system in Antigua and Barbuda is financed mainly by the MOH, through allocations from the Ministry of Finance and contributions from employers and employees and beneficiaries of the Medical Benefits Scheme. To a lesser extent, collections are made from medical services rendered to the segment of the population not insured under a formal insurance regime or Medical Plan.

The following table presents the approved and estimate expenditure budget for the MoH. From the data provided below the budget is expected to increase by 26% in nominal terms for 2007 period.

Ministry of Health Expenditure By Department			
Agency	Actual 2005	Approved 2006	Estimate 2007
MOH Headquarters	2,998,045	3,607,759	4,163,037
Medical General Division	8,368,117	10,835,783	13,241,884
Central Board of Health	22,928,836	19,267,745	25,977,068
Holberton Hospital	21,191,169	29,130,505	33,207,695
Mental	3,617,085	4,467,401	5,897,962
Fiennes Institute	1,929,560	2,245,801	2,514,002
Health Information Division	204,943	299,005	316,307
School of Nursing	665,141	848,39	845,141
AIDS Secretariat	518,124	929,854	880,979
Other	1,139,529	8,469,391	15,196,449
Total MOH	69,701,327	81,101,634	102,240,525

Source: A&B Recurrent and Development Estimates. 2007

Of the resources projected for 2007, 32% of the budget will be directed to the operation of the secondary care Holberton hospital, 25% on environmental health and community health services, 6% for the mental hospital, 2.4% for elderly patient care at the Fiennes Institute and 4% will be assigned to the MoH headquarters.

In the coming months, with the opening of the new private/public Mount St. Johns Hospital and the decommissioning of the Holberton site, the current modality of investment and financing of health care in Antigua is likely to experience important modification. As it is forecasted, the new secondary care facility will be financed principally but not exclusively through a per capita mechanism.

EXPECTED BENEFITS

The strategic direction outlined above and in the operational plans of the programme managers (appendix 3) presents a temporary measure designed to focus the health sector on specific deliverables for the period 2008- 2010. The health sector represents a major sector in the social and economic development of the nation of Antigua and Barbuda. The health and wellness of the people are of paramount importance and the responsibility of the government is to ensure the highest possible attainable health for all persons. The main economic activity is tourism. This industry requires a reliable health system which accommodates high levels of tourist arrivals. It has been well documented that poor health systems can seriously impact on vulnerable economies. In this regard the benefits accruing to the people of Antigua and Barbuda are two fold: - Increased access to health care and a health environment capable of contributing to a sustainable tourist industry.

Greater Efficiency and Effectiveness in the Attainment of Health Outcomes

The economies of the Eastern Caribbean are facing serious resource challenges as they grapple with dwindling traditional markets, more competitive economies, and threats of Natural disasters, growing populations and the concomitant issues of unemployment, poverty, debt servicing and competing sector demands. Against this background the health sector must meet the health needs of a growing population, the specific needs of various target populations and all within limited available resources.

The Ministry of Health joins the Ministry of Finance in the implementation of results-based budgeting using a programmatic approach. The Business Plan represents the Governments commitment to making efficient use of resources. The allocation of resources is determined by the targets set by the Ministry of Health in the ten priority areas outlined above. The targets are backed by financing and represent measures that will be used to evaluate the Ministry of Health performance. This measure will also be used to improve accountability among programme managers in the use of public funds and the provision of services to the people of Antigua and Barbuda.

The strategic direction outlines a road map for the Ministry of Health to strengthen its leadership and operational functions and also increase access of clients to health care.

The main expected results are outlined as follows:

- Management, organization and Health Care Financing to support the stewardship role of the Ministry of Health strengthened.
- Support for the implementation of programmes, policies and norms to strengthen environmental health services provided.
- Incidence and complications of communicable diseases reduced by year 2010.
- Incidence and complications of non-communicable diseases reduced by 2010

- The quality of family and reproductive health services improved by 2010
- Efficiency and effectiveness of drug and pharmaceutical management and client satisfaction improved.
- Hospital management and patient satisfaction improved.
- Improved Health information system
- Maintenance and construction of Health care facilities

Each priority is matched to a sub-priority (s) with a corresponding major and specific expected results and process indicators (pg 23-28). The priority areas, expected results and indicators will be used as a guide to monitoring the achievement of health outputs and outcomes. Over the next three years the Ministry of Health will be strengthening its programmatic approach. To support this strengthening exercise the Ministry of Health has identified the existing and new programmes that will be executed during the three-year period. The strategic direction will be implemented through the development of annual rolling plans which will allow for changes as information becomes available and is used by health professionals and managers in decision-making.

It is important to ensure that the Ministry of Health is aware of the extent to which it is meeting its targets. Information generated from these indicators will be analyzed with the view of improving the performance of the Ministry as it continues on its quest to be a leader in the attainment of optimal health for the people of Antigua and Barbuda.

CHAPTER SIX

CRITICAL FACTOR FOR SUCCESS

With the introduction of the Business Plan model as a mandatory tool for health care planning, the MOH of Antigua and Barbuda is forced to adapt and react to the new mandate of the Ministry of Finance for greater accountability and the promotion of median term planning in all public institutions.

The MOH can best do this by capitalizing on the strengths of its existing workforce; principally because it is permanent and continuous irrespective of the periodic political changes. The stability and the longevity at the administrative and operative levels represent a source to draw from as external factors continue to exert pressure for the Ministry to modify its internal organizational structure and further enhance its efficiency and effectiveness at all levels.

APPENDIX:

Appendix 1 - Consultant Note

We are pleased to have been given the opportunity by the PAHO to provide technical support for the development of this document. We take this opportunity to thank the Minister of Health, Hon. Minister Maginley, for his foresight. Special thanks are extended to the Permanent Secretary, Ms Clara Emmanuel for sound leadership executed during the course of this assignment. We do applaud the efforts of Heads of Departments and Programmes and all their support staff for their commitment to the health and well-being of the people of Antigua and Barbuda.

Xysta Edmund
National Professional – Health Systems
Pan American Health Organisation

Giovanni Marquez
Advisor in Health Services and Systems
Pan American Health Organisation

Anneke Wilson
Country Program Officer
Pan American Health Organization

Appendix 2 – References

Eastern Caribbean Central Bank (2006) Annual Economic and Financial Review.

DFID (2004) Poverty Reduction Budget Support: A DFID Policy Paper. London: Department for International Development (DFID).

Government of Antigua and Barbuda (1997) Health Policy. Ministry of Health and Civil Service Affairs.

UNDP (2005) Human Development Report 2005. New York: United Nations Development Programme.

World Bank (2005a) World Development Indicators. Access date: 31 August 2006. <http://devdata.worldbank.org/>

World Bank (2005b) *World Development Report 2006: Equity and Development*. Washington, D.C.: The World Bank.

World Health Organization (2000) *The World Health Report 2000: Health systems: Improving performance*. Geneva: World Health Organization.

World Health Organization (2001) Macroeconomics and Health: Investing in health for economic development. Report of the Commission on Macroeconomics and Health. Geneva: World Health Organization.

World Health Organization (2005a) Designing health financing systems to reduce catastrophic health expenditure: Technical Briefs for Policy-Makers, Number 2. Geneva: World Health Organization.

World Health Organization (2005b) Sustainable health financing, universal coverage and social health insurance: World Health Assembly resolution WHA58.33. Geneva: World Health Organization.

Pan American Health Organization Health Systems and Services profile. Washington DC PAHO 2002

Antigua and Barbuda, Ministry of Finance (2006) Business Planning Mechanism for Public Sector Planning.

Ministry of Health Antigua and Barbuda

Health and Development Priority _____ National AIDS Programme

Programme Manager _____ Janet Weston

Outputs/Expected Result _____ Incidence of HIV reduced and quality of life for PLWHAs improved

Programmes/Project	Indicators	Strategy	Means of Verification	Assumptions
1. Education and Prevention	No. of Public education and School sessions increased by 15%	Conduct HIV education in junior secondary schools. Conduct HIV education in the workplace. Workshops for Faith based organizations and NGOs to educate members. Weekly radio/TV programmes Continue teacher training on HIV	Work plan for sessions. List of participants. No of sessions conducted Population reached by electronic media	Collaboration of all concerned. Collaboration of all agencies (Min. of Health, Min. of Finance, Min of Education, FBOs and NGOs
2. Policy and Legislation	Revised Legislation and Policy to prevent stigma and discrimination	Convene meeting where appropriate and collaborate with partners. to hasten the Develop of a policy	policies and legislation printed, disseminated, available	Willingness of the Political Directorate to make changes
3. Treatment, care and support	Care and treatment accessible and affordable. 5% Increase in Trained personnel to administer health care	Necessary infrastructure in place. Create alliance with Specialist to provide specialist care to PLWHAs	Train personnel in health care delivery system, workplace, FBOs reports	That specialist would be willing to offer S.C to PLWHAs People would take interest in programme to be trained and that

	and treatment.	Train personnel in necessary areas of care and treatment.		those trained will use knowledge to develop and strengthen the programme
4.Surveillance and epidemiology	Consistent and timely collection of relevant data	Develop data collection instrument and personnel trained in use of data collection instrument, contact tracing and data analysis	Data collection instrument available. Trained personnel, Sentinel sites. Monthly and annual reports	Data will be collected in a timely manner from the various sites.
6.Provide Universal Access to Care and Treatment According to National Protocols	National protocol and guideline to guide process	Clinical Care Team would meet to develop appropriate protocol and guide line Periodical review and update of protocol and guide	Necessary protocols and guideline in place	Care would be given by care givers in accordance with national protocol. and guideline
7.Make VCT/PICT Services Available to the General Population, with Special Emphasis on High-Risk Groups	50% increase in VCT Sites PMTCT decentralized	Persons trained in VCT/PICT using the national protocol and guideline Train VCT providers in rapid test	Cadre of trained VCT/PICT providers and national protocols available	Testing material always available
8. Procure Medication for opportunistic infections.	100% of PLWHAs accessing care provided with OIs as needed	Make allow in budget for same not available through the MBS	Record of OIs provided	Government will continue to provide funds for procurement of OI medication
9. Provide Comprehensive HIV Prevention Services to Educate Infected and Affected Individuals,	15% increase in the no. of community based health care providers	Conduct educational sessions, CNS, EBO Community	Incidence of HIV reduced	People will internalize the information and use the prevention

their Families and the Community.	trained in prevention risk reduction education	groups. Decentralize PMTCT Programme Non conventional distribution of condoms to high risk groups		methods.
10 .Continue Broad-based and Targeted HIV/AIDS Awareness Campaign to Educate the Public and Promote Condom Use	50% Increase in the no of sites and agencies distributing both male and female Condoms and educational material	To make condoms available to everyone free of cost To work with partners in the distribution of condoms to vulnerable groups	Survey to determine condom use	Persons use condoms correctly at all times

Ministry of Health Antigua and Barbuda

Health and Development Priority __ NATIONAL AIDS PROGRAMME

Programme Manager ____ JANET WESTON

Output/Expected Result	Programmes /project	Year 1	Year 2	Year 3
1. HIv Education taught in all Junior Secondary schools. 1.1 Continue HIv education with FBOs and NGOs	Education and Prevention	X	X	X
2. Policies adhered to and laws enforced	Policy and Legislation	X	X	X
3. Quality care and treatment available at all times.	Treatment, care and support	X	X	X
4. Accurate and timely reports. Surveillance Systems strengthened	Surveillance and epidemiology	X	X	X
5. Properly trained and functioning staff	Programmes coordination and management	X	X	X
6. Protocol and guidelines followed in order to provide the quality of care	Provide Universal Access to Care and Treatment According to National Protocols	X	X	X
7. 75% of all health centers would become VCT/PICT sites 7.1 100% of VCT/PICT trained in rapid test to facilitate same day result	Make VCT/PICT Services Available to the General Population, with Special Emphasis on High-Risk Groups	X	X	X
8 OI medication available to all who need them	Procure Medication for opportunistic infections.	X	X	X
9. Increase support for	Provide Comprehensive	X	X	X

PLWHAs STIGMA and discrimination reduced	HIV Prevention Services to Educate Infected and Affected Individuals, their Families and the Community.			
10; consistent programme with high risk groups- CSWs , MSMs, Youths	Continue Broad-based and Targeted HIV/AIDS Awareness Campaign to Educate the Public and Promote Condom Use	X	X	X

Expected Result	Programmes /Project	Indicators	Strategy	Means of Verification
Comprehensive coverage (staff) within all health centers	Improving Service Delivery Coverage	A hundred fold increase in the number of patients seen in the 5 main health centers by 2010	1. Increase staff i.e. Medical Officers (MO) at the health centers 2. Stipulate the 9-5 day 3.Sensitize staff and patients on the use of and hours for clinics. 4. Restructuring the District MO service.	Records Logs Reports Service Contracts
Improving the tech. capabilities of the clinics thru equipment procurement distribution and training in the procurement of the same	Upgrade Infrastructure	Equipment Allocation and functioning as well as functional by 2008	Equipment 1.redistribution 2.reallocation 3.some procurement thru an efficient and effective tendering process Training	Records Logs Reports Service Contracts
Strengthening Epidemiological Surveillance	Strengthening Epidemiological Surveillance	A 20% RISE in tracking and monitoring in 1 year and by 60% in 2 years thru policy, formation, protocol	Forming Alliances with the district nurses, hospital, private doctors and the HIV secretariat	Records Reports

		strengthening, IT, collection of data		
--	--	---------------------------------------------	--	--

Appendix 4 Work Plans 2008 – Programme Managers

Ministry of Health Antigua and Barbuda

Health and Development Priority _____ National AIDS Programme

Programme Manager _____ Janet Weston

Outputs/Expected Result _____ Incidence of HIV reduced and quality of life for PLWHAs improved

Programmes/Project	Indicators	Strategy	Means of Verification	Assumptions
1. Education and Prevention	No. Public education and School sessions increase by 15%	Conduct HIV education in junior secondary schools. Conduct HIV education in the workplace. Workshops for Faith based organizations and NGOs to educate members. Weekly radio/TV programmes Continue teacher training on HIV	Work plan for sessions. List of participants. No of sessions conducted Population reached by electric media	Collaboration of all concerned. Collaboration of all agencies (Min. of Health, Min. of Finance, Min of Education, FBOs and NGOs
2. Policy and Legislation	Revised Legislation and Policy documents to prevent stigma and discrimination	Convene meeting where appropriate and collaborate with partners. to hasten the Develop policy	policies and legislation printed and disseminated	Willingness of the Political Directorate to make changes
3. Treatment, care and support	Care and treatment accessible and affordable. 5% Increase Trained personnel to administer health care and treatment.	Necessary infrastructure in place. Create alliance with Specialist to provide specialist care to PLWHAs Train personnel in necessary areas of care and treatment.	Train personnel in health care delivery system, workplace, FBOs	That specialized care would be willing to offer S.C to PLWHAs People would take interest in programme to be trained and that those trained will use knowledge to develop and strengthen the programme
4. Surveillance and epidemiology	Consistent and timely collection of relevant data	Develop data collection instrument and train personnel in use of data collection instrument, contact tracing and data analysis	Data collection instrument available. Trained personnel, Sentinel sites. Monthly and annual reports	Data will be collected in a timely manner from the various sites.

6. Provide Universal Access to Care and Treatment According to National Protocols	National protocol and guideline to guide process	Clinical Care Team would meet to develop appropriate protocol and guideline Periodical review and update of protocol and guide	Necessary protocols and guideline in place	Care would be given by care givers in accordance with national protocol. and guideline
7. Make VCT/PMTCT Services Available to the General Population, with Special Emphasis on High-Risk Groups	50% increase in VCT Sites PMTCT decentralized	Persons trained in VCT/PICT using the national protocol and guideline Train VCT providers in rapid test	Cadre of trained VCT/PICT providers and national protocols available	Testing material always available
8. Procure Medication for opportunistic infections.	100% of PLWHAs accessing care provided with OIs as needed	Make allowance in budget for medication not available through the MBS	Record of OIs provided	Government will continue to provide funds for procurement of OI medication
9. Provide Comprehensive HIV Prevention Services to Educate Infected and Affected Individuals, their Families and the Community.	15% increase in the no. of community based health care providers trained in prevention risk reduction education	Conduct educational sessions, CNS, EBO Community groups. Decentralize PMTCT Programme Non conventional distribution of condoms to high risk groups	Incidence of HIV reduced	People will internalize the information and use the prevention methods.
10. Continue Broad-based and Targeted HIV/AIDS Awareness Campaign to Educate the Public and Promote Condom Use	50% Increase in the no of sites and agencies distributing both male and female Condoms and educational material	To make condoms available to everyone free of cost To work with partners in the distribution of condoms to vulnerable groups	Survey to determine condom use	Person use condoms correctly at all times

Ministry of Health Antigua and Barbuda

Health and Development Priority __ NATIONAL AIDS PROGRAMME

Programme Manager ____ JANET WESTON

Output/Expected Result	Programmes /project	Year 1	Year 2	Year 3
1. HIV Education taught in all Junior Secondary schools. 1.1 Continue HIV education with FBOs and NGOs	Education and Prevention	X	X	X
2. Policies adhered to and laws enforced	Policy and Legislation	X	X	X
3. Quality care and treatment available at all times.	Treatment, care and support	X	X	X
4. Accurate and timely reports. Surveillance Systems strengthened	Surveillance and epidemiology	X	X	X
5. Properly trained and functioning staff	Programmes coordination and management	X	X	X
6. Protocol and guidelines followed in order to provide the quality of care	Provide Universal Access to Care and Treatment According to National Protocols	X	X	X
7. 75% of all health centers would become VCT/PICT sites 7.1 100% of VCT/PICT trained in rapid test to facilitate same day result	Make VCT/PICT Services Available to the General Population, with Special Emphasis on High-Risk Groups	X	X	X
8. OI medication available to all who need them	Procure Medication for opportunistic infections.	X	X	X
9. Increased support for PLWHAs STIGMA and discrimination reduced	Provide Comprehensive HIV Prevention Services to Educate Infected and Affected Individuals, their Families and the Community.	X	X	X

10; consistent programme with high risk groups- CSWs , MSMs, Youths	Continue Broad-based and Targeted HIV/AIDS Awareness Campaign to Educate the Public and Promote Condom Use	X	X	X
---------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------	---	---	---

Expected Result	Programmes /Project	Indicators	Strategy	Means of Verification
Comprehensive coverage (staff) within all health centers	Improving Service Delivery Coverage	A hundred fold increase in the number of patients seen in the 5 main health centers by 2010	1. Increase staff i.e. Medical Officers (MO) at the health centers 2. Stipulate the 9-5 day 3.Sensitize staff and patients on the use of and hours for clinics. 4. Restructuring the District MO service.	Records Logs Reports ServiceContracts
Improving the tech. capabilities of the clinics thru equipment procurement distribution and training in the procurement of the same	Upgrade Infrastructure	Equipment Allocation and functioning as well as functional by 2008	Equipment 1.redistribution 2.reallocation 3.some procurement thru an efficient and effective tendering process Training	Records Logs Reports ServiceContracts
Strengthening Epidemiological Surveillance	Strengthening Epidemiological Surveillance	A 20% RISE in tracking and monitoring in 1 year and by 60% in 2 years thru policy, formation, protocol strengthening, IT, collection of data	Forming Alliances with the district nurses, hospital, private doctors and the HIV secretariat	Records Reports

Ministry of Health Antigua and Barbuda

Health and Development Priority – Community Health Services

Programme Manager – Dr.Oritta Zachariah

Expected Result	Programmes	Year 1	Year 2	Year 3
Comprehensive coverage (staff) within all health centers	Improving Service Delivery Coverage			X
Improving the tech. capabilities of the clinics thru equipment procurement distribution and training in the procurement of the same	Upgrade Infrastructure	X		
Strengthening Epidemiological Surveillance	Strengthening Epidemiological Surveillance	X		

**Ministry of Health Antigua and Barbuda
2007-2008**

Health and Development Priority: ENVIRONMENTAL HEALTH

Programme Manager: CHIEF HEALTH INSPECTOR; MANAGERS OF CBH

Outputs/Expected Result: SUPPORT PROVIDED FOR THE IMPLEMENTATION OF PROGRAMS POLICIES AND NORMS TO STRENGTHEN ENVIRONMENTAL HEALTH SERVICES.

VISION

We see a future in which all the People of Antigua and Barbuda have the opportunity to grow, develop and live in an Environment that is supportive, safe, healthy and that promotes the physical, mental and social health of individuals, families, communities and the society.

MISSION

To improve, preserve, strengthen, and protect the health, environment and well being of the people of Antigua and Barbuda.

PROGRAMMES/ PROJECT	INDICATORS	STRATEGY	MEANS OF VERIFICATION	AS
------------------------	------------	----------	--------------------------	----

Ministry of Health Antigua and Barbuda

Health and Development Priority: HUMAN RESOURCE

Programme Manager: CHIEF HEALTH INSPECTOR

Outputs/Expected Result: **HUMAN RESOURCES CAPACITY STRENGTHENED TO DELIVER**

THE ENVIRONMENTAL HEALTH PROGRAMS.

PROGRAMMES/ PROJECT	INDICATORS	STRATEGY	MEANS OF VERIFICATION	ASS
Human Resource	Upgrade of salaries for Public Health Inspectors Selection and recruitment of new Public Health Inspectors Training of Public Health Inspectors in Supervision and Epidemiology		Cabinet decision Number of new staff employed Training reports	Willingness to upgrade Qualified

--	--	--	--	--

Ministry of Health Antigua and Barbuda

Health and Development Priority: FOOD SAFETY

Programme Manager: CHIEF HEALTH INSPECTOR

Outputs/Expected Result: FOOD SAFETY PROGRAM STRENGTHENED, THUS REDUCING THE INCIDENCE OF FOOD-BORNE DISEASES.

PROGRAMMES/ PROJECT	INDICATORS	STRATEGY	MEANS OF VERIFICATION	ASSU
Food Safety Program	<p>Conduct inspections of food service establishments; weekly, monthly, yearly inspection of street food vendors weekly</p> <p>Enactment and implementation of food safety legislation by early 2008</p> <p>Health education of public and food handlers Training.</p> <p>Train at least 5 persons from selected food service restaurants in food safety and Train all street food vendors in at least 8 hours of food safety</p>		<p>Number of inspections conducted</p> <p>Number of food-handlers trained</p> <p>Lab result</p>	<p>Available staff to conduct inspections and samples and training.</p> <p>Lab has enough staff to process</p>

	Collect and analyzed 30 food samples of local foods and 30 of imported foods			
--	------------------------------------------------------------------------------	--	--	--

Components	Local	Foreign	Total	Source	Assumption for Providing Inputs
Food Safety Food Thermometers Sampling equipment Inspection Coats & Hats. Laboratory Supplies Development of Protocol Training Inspection	\$30,000.00	PAHO US\$3,600.00	\$36,000.00	Government PAHO	

Ministry of Health Antigua and Barbuda

Health and Development Priority: WATER QUALITY

Programme Manager: CHIEF HEALTH INSPECTOR

Outputs/Expected Result: WATER QUALITY MONITORING PROGRAM DEVELOPED AND IN PLACE

PROGRAMMES/ PROJECT	INDICATORS	STRATEGY	MEANS OF VERIFICATION	AS
Water Quality Monitoring	<p>Sampling regime established</p> <ul style="list-style-type: none"> - sampling sites - frequency of tests <p>Weekly FAC tests conducted on water supply from APUA System and 10 Bacteriological samples collected and analyzed</p> <p>Treatment of private drinking water supply</p> <p>Weekly tests on beaches, swimming pools etc.</p> <p>Monitor recreational waters to ensure safety for users. Collect at least 10 recreational(sea water) samples weekly from selected bathing beaches</p>		<p>Number of Sample Points established</p> <p>Test results Lab results</p> <p>PHI reports</p> <p>Test results Lab result</p>	<p>Comp to con collec</p> <p>Reque treatm availa</p> <p>Comp to con collec</p> <p>Lab e tests</p>
Monitor recreational waters to ensure safety for users				

Inputs/Major Components	Local	Foreign	Total	Source
Components				
Public Health				
Water Quality	\$5,000.00 \$40,000.00	US\$3,500.00		PAHO & Government
Laboratory Supplies Collection and Testing of Samples				

Test Equipment				
Assessment of Water Supply Systems treatment and disinfection of water supplies Education				
Training of Waste water operators				

Ministry of Health Antigua and Barbuda

Health and Development Priority: STREET AND DRAIN Sanitation AND NATIONAL BEAUTIFICATION

Programme Manager: CHIEF HEALTH INSPECTOR

Outputs/Expected Result: IMPROVED STREET AND DRAIN SANITATION AND NATIONAL BEAUTIFICATION

PROGRAMMES/ PROJECT	INDICATORS	STRATEGY	MEANS OF VERIFICATION	AS
STREET & DRAIN SANITATION AND NATIONAL BEAUTIFICATION	Cutting and clearing of highways, verges and other streets	.	Central Board of Health Reports	Availab to conc
	Clearing of lands with overgrown vegetation.		Central Board of Health Reports	Availab
	Facilitate removal of Solid Waste from			

	<p>households and other properties.</p> <p>Flushing of streets and drains around St. John's and rural area.</p> <p>Contract Management System developed.</p>		<p>Contracts bills</p> <p>Contracts developed</p>	<p>Contra</p>
--	--------------------------------------------------------------------------------------------------------------------------------------------------------------	--	---------------------------------------------------	---------------

	Local	Foreign	Total		
Inputs/Major Components:					
Street and Drain Sanitation	12,000,000.00		12,000,000.00		
National Beautification					
Cutting (brush cutting) highways and Litter picking minor streets					
Litter Picking of highways					
Litter picking of all other streets and pastures					
Clean vacant lands					
Cleaning of drains in villages and communities (Contract Sanitation teams/gangs)					
Contract of trucks for removing debris, silt, grass and waste matter from drains					
Contract of trucks for collection of Solid Waste (Subsidy to Solid Waste)					
Flushing of Streets and Drains (Urban and Rural areas)					
Garbage Bags Provision					
Removal of Derelict Vehicles					

Health and Development Priority: VECTOR CONTROL

Programme Manager: CHIEF HEALTH INSPECTOR

Outputs/Expected Result: ENHANCED AND STRENGTHENED VECTOR CONTROL IN COMMUNITIES

ANTIGUA AND BARBUDA

PROGRAMMES/ PROJECT	INDICATORS	STRATEGY	MEANS OF VERIFICATION	ASSUMPTIONS
Vector Control Program	Reduction of vectors in communities Inspection of premises to identify harborage Health education of Public Enforce Litter Act Periodic clean-up campaigns		Vector indices Vector Control Reports Number of inspections conducted. Number of medical spots Number of pamphlets distributed. Number of Notices, Clean-up Orders & Penalties issued Number of areas cleaned	Competent staff available Adequate equipment and supplies available Competent staff available to conduct inspection - Access to media - Equipment & supplies available - Trained personnel available - Machinery & equipment available

INPUT/MAJOR COMPONENTS:	LOCAL	FOREIGN	TOTAL	SOURCE	ASSUMPTION FOR PORVIDING INPUTS
Vector Control	\$2,302,912.00				
	\$150,000.00	\$150,000.00	-	Government	
Mosquito Control					
Inspection					
Fogging			-	Government	
Chemical Supplies					
Litter Control	\$120,925.00				
Vehicles					
Disinfection, Port Health	\$1,514,297.00		-		
Staff	\$95,000.00	\$95,000.00		Government	
Establishment					
Non-Establishment					
Anti-Rat Campaign					
Chemical Supplies (rat bait, trips)					
Pamphlets, leaflets, etc.					
Health Education					
Clean-up Campaign					
Collection and removal					

Ministry of Health Antigua and Barbuda

Health and Development Priority: PORT HEALTH

Programme Manager: CHIEF HEALTH INSPECTOR

Outputs/Expected Result: PORT HEALTH SURVEILLANCE AND INSPECTION AT ALL PORTS OF ENTRY:

IHR IMPLEMENTED

PROGRAMMES/ PROJECT	INDICATORS	STRATEGY	MEANS OF VERIFICATION	ASSUMPTIONS
Port Health	Inspection regime of ships & aircrafts established. Inspection system and procedures established for inspection of food premises and imported foods at the port. Reduce the incidence of Vectors (rodents & mosquitoes) at ports of entry		Inspection reports & number of ships inspected. Inspection reports - Lab results - Number of inspections carried out. Level of vector infestation. - aedes index	Competent staff available to conduct inspections Competent staff available to conduct inspections Lab equipped to perform test. Supplies available Vessels have waste to offload. Collection system in place

	<p>Waste management system at port in place.</p> <p>Disease surveillance and management of the dead at ports of entry.</p> <p>Conduct water quality monitoring at ports.</p>		<p>Quantity of waste offloads and disposed of.</p> <p>Medical reports from ships</p> <p>Number of tests conducted</p>	<p>Accurate reports available</p> <p>Competent staff available to conduct tests</p> <p>- Lab equipped to perform test.</p>
--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	-----------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------

Inputs/Major Components:	Local	Foreign	Total	Source	Assumption for Providing Inputs
<p>Port Health</p> <p>Inspection of imported foods</p> <p>Disinfection of Building</p> <p>Control of Vectors at ports of entry.</p>		US\$4,000.00			

Inputs/Major Components:	Local	Foreign	Total	Source	Assumptions for Providing Inputs
<p>Management Liquid Waste</p>	\$90,000.00				

Desludge of Septic Tanks (Government Building)					
Purchase of Testing Dye (Florescence Dye)	\$10,000.00				
Disinfect ion of Buildings (Government Building)					

Inputs/Major Components:	Local	Foreign	Total	Source	Assumption for Providing Inputs
National Ambient Air Quality Sample					
Sample Stations	\$35,000.00				
Supplies (reagents, Media)					
Samples (indoor air)					

Ministry of Health Antigua and Barbuda

Health and Development Priority: **Fiennes Institute**

Programme Manager: **Master, Fiennes Institute**

Outputs / Expected Results	Programmes / Project	Year 1	Year 2	Year 3
Improvement in the institute's physical plant by June 2009.	Infrastructural Improvement Programme	X	X	-
Delivery of health care to residents in an improved environment by September 2008	General Administration Programme	X	-	-
Well trained and professional staff in adequate numbers by September 2009	Human Resource Development Programme	X	X	-

Ministry of Health Antigua and Barbuda

Health and Development Priority: **Fiennes Institute**

Programme Manager: **Master, Fiennes Institute**

Output / Expectations: **Improved level of care for the elderly in a conducive Environment**

Programmes / Project	Indicators Activity and Target	Strategy	Means of Verification	Assumptions
Infrastructural Improvement	A redevelopment plan of Fiennes prepared by February 2008	Engage local or regional consultant to development plan	Completed plan delivered	Availability of Consultant to prepare plan
	Repairs to the four general wards completed by June 2008	Undertake repairs in a phased basis.	Presence of refurbished buildings	Availability of materials and manpower to undertake repairs.
	Refurbished Kitchen interior by June 2008	Undertake repairs in a phased manner to minimize disruption of services	Presence of refurbished building	Availability of materials and manpower.
	Replacement of the entire Perimeter Fence by March 2008	Erect new fencing using resources from PWD.	Observance of new fence.	Availability of manpower and materials for erection of fence.
	Installation of Air-condition Units in the Administrative Offices by August of 2008	Install units using resources from PWD	Observance of units installed and working	Units and manpower readily available
General Administration Programme	Purchased of Kitchen equipment in place by July of 2008	Procure equipment through government procurement system.	Presence of kitchen equipment in designated areas.	Equipment readily available.

	Purchase of Office Furniture and Furnishings by September 2008.	Procure items through PWD	Items provided and in use	Types of required items readily available
Human Resource Development Programme	Conduct human resource audit by February 2008	Engage local or regional consultants to plan and implement the audit	Staff audit implemented to improved level of care	Audit reports
	Conduct in-service training to staff at all levels by March 2009	Senior personnel in the Ministry of Health implement training methodology.	Plan and implement on the job training	Availability of trainers reports
	Secure tertiary level training for two Staff Nurses by September 2009	Identify tertiary level institutions, determine level of training required, select two qualified individuals and secure funding	Identification of Institution and candidates accessed training	Reports of Nurses who secured Tertiary level training

Ministry of Health Antigua and Barbuda

Health and Development Priority – Health Information Systems

Programme Manager – Health Information Division

Expected Result	Programmes	Year 1	Year 2	Year 3
Accurate health information available to policy makers and health care professionals for evidenced-based decision-making by 2010	Strengthening of Health Information System	X	X	X
	Capacity Building	X	X	X
	Policy formulation	X		
	Legislative review and formulation		X	X
	Assessment and design of systems (M&E)	X	X	X
	Public Education	X	X	X

Ministry of Health Antigua and Barbuda

Health and Development Priority _____

Programme Manager _____

Expected Result	Programmers /Project	Indicators	Strategy	Means of Verification
Delivery of holistic care to the clients at the Fiennes Institute improved	Nursing Care and Support Programme	Conduct training for 1 senior manager in Gerontology and administration/management by 2008	Overseas training	Degree certificate
		Training for 1 registered nurse in basic geriatric care (6 months) by 2008	Overseas training	Certificate
		Continuous Medical Education (CME) in Geriatric Care for 10 ward assistants by 2008	Workshops	Certificate of attendance
		Improve quality of nursing care for elderly by 2008		
		100% of clients screened for risk factor by 2008	Screening	Screening data
		2 health promotion activities implemented by 2008	Health promotion	
		Develop and implement nutritional care plans for clients by 2008	Nutritional monitoring	Nutritional care plan
		Increase supervision of elderly by 25% (as part of plan to establish patient – client ratio of 1:6)	Recruitment of four staff	Letters of appointment
		Screen 100% of clients for dental conditions by 2008	Screening	Screening data
		Increase referrals by 50% by 2008	Referral system	Referral forms
				Dental care reports
	Social Interaction Programmes	Prepare gardening plot for elderly gardening and implement elderly		Matron reports

		gardening initiative by 2008		
		50% of clients participate in 4 site visits by 2008		Matron reports
		Five community groups visit establishment at least twice a year by 2008		Matron reports

Appendix 5 - Perceived Opportunities and Threats

- 1.1 Level of knowledge of the participants with regard to the new Business Plan as a planning tool.
- 1.2 (Issues and challenges :) IT resources limited, HR, technical resources. Necessary/Adequate Software is difficult to o
- 1.3 HR not enough personnel, training, no retention policy
- 1.4 Budget restrictions: disbursement of resources
- 1.5 Issue and challenges: hospital faces the same challenges as faced by IT. Not necessary on the medical area but administrative. Civil service functions labor code
- 1.6 Holberton hospital represents 25% of the available hospital is currently scheduled for closure and the commissioning of a new privately operated centre
- 1.7 HR, retention strategies and improved environmental conditions, specialty training to meet the needs of the population based on health indicators and environmental conditions and the demands of tourists
- 1.8 HR to perhaps find synergy with IT to maximize resources
- 1.9 Global Fund: has its own vision and mission; requires specialized training, HR, communication channels and means with MOH
- 1.10 Pharmaceutical sector, needs integrated policy for the drug sector, more effective purchasing and operative centralized system; and handling of meds, centre for the rationalization of meds, decentralization of the AVR drugs to HIV/AIDS, hopes for team work and calls for an evaluation on why the med teams are not working well, professional development, update infrastructure of St. John's hospital, A and B need med policy and pharmacological policy
- 1.11 Administration: internal communication is weak, weak procurement of equipment
- 1.12 Nursing: HR supply, specialist training requires a special budget, in order to retain valuable HR with benefits such as continuing training and education
- 1.13 Nutrition and food services need to expand services at primary care level, training is needed, analyze the mythology used to assign resources
- 1.14 Social service Institute: prioritize adult health care and set in motion legislation that would guarantee funding
- 1.15 Mental health: knowledge management and transfer should become a priority and work continue in eliminating discrimination and stigmatization of mental illness
- 1.16 P.E. need to work together
- 1.17 Nursing: There is no strategic plan
- 1.18 Major points: Situation on the ground and in reference to the hospital sector is one of fluctuation; New hospital commissioning will require that the primary care level be strengthened, medical tourism will likely be the alternative mechanism of financing of this new hospital; training of people on new skills such as pricing to monitor patients and nutrition; if training is required, then where is the training be given; mechanisms needed to promote further training and specialization through lobbying at the internal level Each activity of each component will be individually elaborated and presented to MOF.
- 1.19 MOH was informed of the new MOF directive on the Business Plan methodology in February 2007.
- 1.20 Minister of Health was informed by MOF on this methodology in May 2007.
- 1.21 BP can be submitted in paper or electronic format.
- 1.22 No grace period.
- 1.23 Penalties: if BP is not presented the activities will not be budgeted in 2008.
- 1.24 If a legitimate attempt by MOH is made, the MOF will take it into consideration.
- 1.25 Strategic alliance between the MOF and MOH needs to be established.

- 1.26 Initiate a trainer of trainers program MOF, MOH.
- 1.27 There is a shortage of personnel at the MOF

Appendix 6 - Participant List

Participants Tuesday July 24th 2007 _ Working Session	
Participant Name	Department/ Positions
Alton Forde	Fiennes Institute
Gary Thomas	Holberton Hospital Administration
Clara Emanuel	Permanent Secretary
Juanita James	Chief, Nutritionist Officer
Cicely Dorsett	Principal Nursing Officer
Kenneth Greenaway, MD	Acting Chief Medical Officer
Lionel Michael	Chief, Health Inspector
Earleen E. Batiste	RRHH Research Project Officer
Janet Weston	AIDS Programme Manager
Casford F.F. King	Director, Pharmaceutical Services
Sarah Machedo/Reyes	Principal Assistant Secretary
David Mathery	Administrative Secretary Health Institutions
Clarence E. Pilgrim	Mental Hospital
Colin B.S. O'keiffe	Health Information Division

Participants Thursday July 26th 2007 _ Working Session	
Participant Name	Department/Positions
Cordela Weston	Ministry of Finance
Alton Forde	Fiennes Institute
Gary Thomas	Holberton Hospital Administration
Clara Emanuel	Permanent Secretary
Juanita James	Chief, Nutrition Officer
Cicely Dorsett	Principal Nursing Officer
Kenneth Greenaway, MD	Acting Chief Medical Officer
Lionel Michael	Chief, Health Inspector
Earleen E. Batiste	RRHH Research Project Officer
Janet Weston	AIDS Programme Manager
Casford F.F. King	Director, Pharmaceutical Services
Sarah Machedo	Principal Assistant Secretary
David Mathery	Administrative Secretary Health Institutions
Clarence E. Pilgrim	Mental Hospital
Colin B.S. O'keiffe	Health Information Division
Oritta Zachariah	Acting Medical Officer of Health

Working group



Appendix 7

Essential Public Health Functions – Areas for urgent action

Essential Health Functions:

EPHF 1 – Monitoring, Evaluation and Analysis of Health Status

- Guidelines and processes for monitoring health status
- Quality of health information
- Technical support for Monitoring and Evaluating health status
- Technical assistance and support to the sub national levels of public health

EPHF 2 – Public Health Surveillance, Research and control of Risks and Threats to Public Health

- Capacities and expertise in public health surveillance
- Capacity for timely and effective response to control public health problems

EPHF 3 – Health Promotion

- Building sectoral and extra- sectoral partnerships for health promotion

EPHF 4 Social Participation in Health

- Empowering citizens for decision-making in public health
- Technical assistance and support to sub national levels to strengthen social participation in health

EPHF 5 – Development of Policies and institutional capacity for planning and management in public health

- Definition of national and sub national health objectives
- Development monitoring and evaluation of public health priorities
- Technical assistance and support to the sub-national levels for policy development

EPHF – 6 Strengthening of Institutional Capacity for Regulation and Enforcement in Public Health

- Enforcement of laws and regulations
- Knowledge, skills, and mechanisms for reviewing, improving and enforcing the regulations
- Technical assistance and support to the sub-national levels of public health in developing and enforcing laws and regulation

EPHF 7 – Evaluation and Promotion of Equitable access to Necessary Health services

- Monitoring and evaluation of access to necessary health services

EPHF – 8 Human Resources Development and Training in Public health

- Improving the quality of the workforce
- Continuing education and graduate training in public health
- Upgrading human resources to ensure culturally appropriate delivery of services

EPHF – 9 Quality Assurance in Personnel and Population –based health services

- Definition of standards and evaluation to improve the quality of population –based and personal health services.
- Improving user satisfaction with the health services
- Technical assistance and support to the sub-national levels to ensure quality improvement in the services

EPHF 10 – Research in Public Health

- Development of a public health research agenda
- Development of Institutional research capacity
- Technical assistance and support for the research in public health at the sub national levels

EPHF 11 – Reducing the impact of emergencies and disasters on Health

- Reducing the impact of emergencies and disasters
- Development of standards and guidelines that support emergency preparedness and disaster management in health

Appendix 8

Ministry of Health Antigua and Barbuda

Organogram

